

SENATE SUBSTITUTE FOR  
HOUSE BILL NO. 5219

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding sections 20921b, 20921c,  
20932a, 20932b, and 21542.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1           SEC. 20921B. (1) BEFORE TRANSPORTING A NONEMERGENCY PATIENT IN  
2 AN AMBULANCE THAT IS A ROTARY AIRCRAFT, AN AMBULANCE OPERATION  
3 SHALL DO ALL OF THE FOLLOWING:

4           (A) PROVIDE THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
5 REPRESENTATIVE, ALL OF THE FOLLOWING INFORMATION:

6           (i) WHETHER THE AMBULANCE OPERATION IS A PARTICIPATING  
7 PROVIDER WITH THE NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN.

8           (ii) A GOOD-FAITH ESTIMATE OF THE COST FOR TRANSPORTING THE  
9 NONEMERGENCY PATIENT.

1 (iii) THAT THE NONEMERGENCY PATIENT HAS A RIGHT TO BE  
 2 TRANSPORTED BY A METHOD OTHER THAN AN AMBULANCE THAT IS A ROTARY  
 3 AIRCRAFT.

4 (B) COMPLETE THE NOTICE DESCRIBED IN SUBSECTION (2) AND, AFTER  
 5 COMPLETING THE NOTICE, OBTAIN ON THE NOTICE THE SIGNATURE OF THE  
 6 NONEMERGENCY PATIENT, OR THAT PATIENT'S REPRESENTATIVE,  
 7 ACKNOWLEDGING THAT THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
 8 REPRESENTATIVE, HAS RECEIVED, HAS READ, AND UNDERSTANDS THE NOTICE.  
 9 AN AMBULANCE OPERATION SHALL RETAIN A COPY OF THE NOTICE REQUIRED  
 10 UNDER THIS SUBDIVISION FOR NOT LESS THAN 7 YEARS.

11 (2) THE NOTICE REQUIRED UNDER SUBSECTION (1) (B) MUST BE IN NOT  
 12 LESS THAN 12-POINT TYPE AND IN SUBSTANTIALLY THE FOLLOWING FORM:

13 "I HAVE BEEN PROVIDED THE FOLLOWING GOOD-FAITH ESTIMATE OF THE  
 14 COST OF TRANSPORTATION BY THE AMBULANCE THAT IS A ROTARY AIRCRAFT  
 15 THAT WILL BE PROVIDED TO ME BY \_\_\_\_\_ (INSERT NAME OF  
 16 AMBULANCE OPERATION): \_\_\_\_\_ (INSERT GOOD-FAITH COST ESTIMATE).

17 I HAVE BEEN NOTIFIED BY \_\_\_\_\_ (INSERT NAME OF  
 18 AMBULANCE OPERATION) THAT THE AMBULANCE THAT IS A ROTARY AIRCRAFT  
 19 THAT IS TRANSPORTING ME \_\_\_\_\_ (IS OR IS NOT) A PARTICIPATING  
 20 PROVIDER WITH MY HEALTH BENEFIT PLAN.

21 I WAS INFORMED BY \_\_\_\_\_ (INSERT NAME OF AMBULANCE  
 22 OPERATION) THAT I HAVE THE RIGHT TO REQUEST TRANSPORTATION FROM AN  
 23 AMBULANCE OPERATION THAT IS A PARTICIPATING PROVIDER WITH MY HEALTH  
 24 BENEFIT PLAN.

25 I AM AWARE THAT IF MY HEALTH BENEFIT PLAN PROVIDES COVERAGE  
 26 FOR TRANSPORTATION BY AN AMBULANCE THAT IS A ROTARY AIRCRAFT OR  
 27 COVERAGE FOR TRANSPORTATION PROVIDED BY \_\_\_\_\_ (INSERT

1 NAME OF AMBULANCE OPERATION), I MAY BE SUBJECT TO A DEDUCTIBLE, A  
2 COPAYMENT, OR COINSURANCE. IF THE AMBULANCE OPERATION IS NOT A  
3 PARTICIPATING PROVIDER WITH MY HEALTH BENEFIT PLAN, I HAVE BEEN  
4 INFORMED THAT I MAY BE RESPONSIBLE FOR THE COSTS OF BEING  
5 TRANSPORTED BY THE AMBULANCE OPERATION THAT ARE NOT COVERED BY MY  
6 HEALTH BENEFIT PLAN.

7 I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO BE TRANSPORTED  
8 BY A METHOD OTHER THAN AN AMBULANCE THAT IS A ROTARY AIRCRAFT.

9 \_\_\_\_\_  
10 (PATIENT'S OR PATIENT REPRESENTATIVE'S SIGNATURE) (DATE)  
11 \_\_\_\_\_  
12 (TYPE OR PRINT PATIENT'S OR PATIENT REPRESENTATIVE'S NAME)".

13 (3) UPON THE REQUEST OF A NONEMERGENCY PATIENT'S HEALTH  
14 BENEFIT PLAN OR THIRD PARTY ADMINISTRATOR, AN AMBULANCE OPERATION  
15 SHALL PROVIDE A COPY OF THE NOTICE REQUIRED UNDER SUBSECTION (1) (B)  
16 TO THE PERSON DESIGNATED IN THE NONEMERGENCY PATIENT'S HEALTH  
17 BENEFIT PLAN OR TO THE THIRD PARTY ADMINISTRATOR.

18 (4) IF THE AMBULANCE OPERATION FAILS TO PROVIDE A NONEMERGENCY  
19 PATIENT WITH THE NOTICE REQUIRED UNDER SUBSECTION (1) (B), THE  
20 AMBULANCE OPERATION SHALL ACCEPT THE AMOUNT COVERED BY THE  
21 NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN FOR TRANSPORTING THE  
22 NONEMERGENCY PATIENT AS PAYMENT IN FULL, OTHER THAN COINSURANCE,  
23 COPAYMENTS, OR DEDUCTIBLES.

24 (5) IF THE PATIENT IS AN EMERGENCY PATIENT, THE AMBULANCE  
25 OPERATION SHALL ACCEPT THE AMOUNT COVERED BY THE EMERGENCY  
26 PATIENT'S HEALTH BENEFIT PLAN FOR TRANSPORTING THE EMERGENCY  
27 PATIENT AS PAYMENT IN FULL, OTHER THAN COINSURANCE, COPAYMENTS, OR

1 DEDUCTIBLES. HOWEVER, IF AN AMBULANCE OPERATION IS NOT A  
2 PARTICIPATING PROVIDER WITH THE EMERGENCY PATIENT'S HEALTH BENEFIT  
3 PLAN, THE AMBULANCE OPERATION SHALL ACCEPT AS PAYMENT IN FULL THE  
4 GREATER OF THE FOLLOWING:

5 (A) THE AVERAGE AMOUNT NEGOTIATED BY THE EMERGENCY PATIENT'S  
6 HEALTH BENEFIT PLAN WITH PARTICIPATING PROVIDERS FOR TRANSPORTING  
7 THE PATIENT EXCLUDING ANY IN-NETWORK COINSURANCE, COPAYMENTS, OR  
8 DEDUCTIBLES.

9 (B) ONE HUNDRED FIFTY PERCENT OF THE AMOUNT THAT WOULD BE  
10 COVERED BY MEDICARE FOR THE EMERGENCY SERVICE, EXCLUDING ANY IN-  
11 NETWORK COINSURANCE, COPAYMENTS, OR DEDUCTIBLES.

12 (6) AS USED IN THIS SECTION AND SECTION 20921C:

13 (A) "HEALTH BENEFIT PLAN" MEANS THAT TERM AS DEFINED IN  
14 SECTION 21501.

15 (B) "PARTICIPATING PROVIDER" MEANS THAT TERM AS DEFINED IN  
16 SECTION 21501.

17 (C) "PATIENT'S REPRESENTATIVE" MEANS THAT TERM AS DEFINED IN  
18 SECTION 21501.

19 (D) "THIRD PARTY ADMINISTRATOR" MEANS THAT TERM AS DEFINED IN  
20 SECTION 2 OF THE THIRD PARTY ADMINISTRATOR ACT, 1984 PA 218, MCL  
21 550.902.

22 SEC. 20921C. IF A PATIENT AT A HOSPITAL REQUESTS  
23 TRANSPORTATION FROM AN AMBULANCE OPERATION THAT IS A PARTICIPATING  
24 PROVIDER WITH THE PATIENT'S HEALTH BENEFIT PLAN, AN AMBULANCE THAT  
25 IS A ROTARY AIRCRAFT THAT IS OPERATED BY THE AMBULANCE OPERATION  
26 SHALL HAVE THE RIGHT TO LAND AT THE DESTINATION HOSPITAL FOR THE  
27 PURPOSE OF TRANSPORTING THE PATIENT, REGARDLESS OF WHETHER THE

1 AMBULANCE OPERATION IS A CONTRACTED PROVIDER WITH THE ORIGINATING  
2 HOSPITAL OR THE DESTINATION HOSPITAL.

3 SEC. 20932A. (1) BEFORE TRANSPORTING A NONEMERGENCY PATIENT IN  
4 AN AIRCRAFT TRANSPORT VEHICLE, AN AIRCRAFT TRANSPORT OPERATION  
5 SHALL DO ALL OF THE FOLLOWING:

6 (A) PROVIDE THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
7 REPRESENTATIVE, ALL OF THE FOLLOWING INFORMATION:

8 (i) WHETHER THE AIRCRAFT TRANSPORT OPERATION IS A  
9 PARTICIPATING PROVIDER WITH THE NONEMERGENCY PATIENT'S HEALTH  
10 BENEFIT PLAN.

11 (ii) A GOOD-FAITH ESTIMATE OF THE COST FOR TRANSPORTING THE  
12 NONEMERGENCY PATIENT.

13 (iii) THAT THE NONEMERGENCY PATIENT HAS A RIGHT TO BE  
14 TRANSPORTED BY A METHOD OTHER THAN AN AIRCRAFT TRANSPORT VEHICLE.

15 (B) COMPLETE THE NOTICE DESCRIBED IN SUBSECTION (2) AND, AFTER  
16 COMPLETING THE NOTICE, OBTAIN ON THE NOTICE THE SIGNATURE OF THE  
17 NONEMERGENCY PATIENT, OR THAT PATIENT'S REPRESENTATIVE,  
18 ACKNOWLEDGING THAT THE NONEMERGENCY PATIENT, OR THAT PATIENT'S  
19 REPRESENTATIVE, HAS RECEIVED, HAS READ, AND UNDERSTANDS THE NOTICE.  
20 AN AIRCRAFT TRANSPORT OPERATION SHALL RETAIN A COPY OF THE NOTICE  
21 REQUIRED UNDER THIS SUBDIVISION FOR NOT LESS THAN 7 YEARS.

22 (2) THE NOTICE REQUIRED UNDER SUBSECTION (1)(B) MUST BE IN NOT  
23 LESS THAN 12-POINT TYPE AND IN SUBSTANTIALLY THE FOLLOWING FORM:

24 "I HAVE BEEN PROVIDED THE FOLLOWING GOOD-FAITH ESTIMATE OF THE  
25 COST OF TRANSPORTATION BY THE AIRCRAFT TRANSPORT VEHICLE THAT WILL  
26 BE PROVIDED TO ME BY \_\_\_\_\_ (INSERT NAME OF AIRCRAFT  
27 TRANSPORT OPERATION): \_\_\_\_\_ (INSERT GOOD-FAITH COST ESTIMATE).

1 I HAVE BEEN NOTIFIED BY \_\_\_\_\_ (INSERT NAME OF  
2 AIRCRAFT TRANSPORT OPERATION) THAT THE AIRCRAFT TRANSPORT VEHICLE  
3 TRANSPORTING ME \_\_\_\_\_ (IS OR IS NOT) A PARTICIPATING PROVIDER WITH  
4 MY HEALTH BENEFIT PLAN.

5 I WAS INFORMED BY \_\_\_\_\_ (INSERT NAME OF AIRCRAFT  
6 TRANSPORT OPERATION) THAT I HAVE THE RIGHT TO REQUEST  
7 TRANSPORTATION FROM AN AIRCRAFT TRANSPORT OPERATION THAT IS A  
8 PARTICIPATING PROVIDER WITH MY HEALTH BENEFIT PLAN.

9 I AM AWARE THAT IF MY HEALTH BENEFIT PLAN PROVIDES COVERAGE  
10 FOR TRANSPORTATION BY AN AIRCRAFT TRANSPORT VEHICLE OR COVERAGE FOR  
11 TRANSPORTATION PROVIDED BY \_\_\_\_\_ (INSERT NAME OF AIRCRAFT  
12 TRANSPORT OPERATION), I MAY BE SUBJECT TO A DEDUCTIBLE, A  
13 COPAYMENT, OR COINSURANCE. IF THE AIRCRAFT TRANSPORT OPERATION IS  
14 NOT A PARTICIPATING PROVIDER WITH MY HEALTH BENEFIT PLAN, I HAVE  
15 BEEN INFORMED THAT I MAY BE RESPONSIBLE FOR THE COSTS OF BEING  
16 TRANSPORTED BY THE AIRCRAFT TRANSPORT OPERATION THAT ARE NOT  
17 COVERED BY MY HEALTH BENEFIT PLAN.

18 I HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO BE TRANSPORTED  
19 BY A METHOD OTHER THAN AN AIRCRAFT TRANSPORT VEHICLE.

20 \_\_\_\_\_  
21 (PATIENT'S OR PATIENT REPRESENTATIVE'S SIGNATURE) (DATE)  
22 \_\_\_\_\_  
23 (TYPE OR PRINT PATIENT'S OR PATIENT REPRESENTATIVE'S NAME)".

24 (3) UPON THE REQUEST OF A NONEMERGENCY PATIENT'S HEALTH  
25 BENEFIT PLAN OR THIRD PARTY ADMINISTRATOR, AN AIRCRAFT TRANSPORT  
26 OPERATION SHALL PROVIDE A COPY OF THE NOTICE REQUIRED UNDER  
27 SUBSECTION (1) (B) TO THE PERSON DESIGNATED IN THE NONEMERGENCY

1 PATIENT'S HEALTH BENEFIT PLAN OR TO THE THIRD PARTY ADMINISTRATOR.

2 (4) IF THE AIRCRAFT TRANSPORT OPERATION FAILS TO PROVIDE A  
3 NONEMERGENCY PATIENT WITH THE NOTICE REQUIRED UNDER SUBSECTION  
4 (1) (B), THE AIRCRAFT TRANSPORT OPERATION SHALL ACCEPT THE AMOUNT  
5 COVERED BY THE NONEMERGENCY PATIENT'S HEALTH BENEFIT PLAN FOR  
6 TRANSPORTING THE NONEMERGENCY PATIENT AS PAYMENT IN FULL, OTHER  
7 THAN COINSURANCE, COPAYMENTS, OR DEDUCTIBLES.

8 (5) IF A PATIENT IS AN EMERGENCY PATIENT, THE AIRCRAFT  
9 TRANSPORT OPERATION SHALL ACCEPT THE AMOUNT COVERED BY THE  
10 EMERGENCY PATIENT'S HEALTH BENEFIT PLAN FOR TRANSPORTING THE  
11 EMERGENCY PATIENT AS PAYMENT IN FULL, OTHER THAN COINSURANCE,  
12 COPAYMENTS, OR DEDUCTIBLES. HOWEVER, IF AN AIRCRAFT TRANSPORT  
13 OPERATION IS NOT A PARTICIPATING PROVIDER WITH THE EMERGENCY  
14 PATIENT'S HEALTH BENEFIT PLAN, THE AIRCRAFT TRANSPORT OPERATION  
15 SHALL ACCEPT AS PAYMENT IN FULL THE GREATER OF THE FOLLOWING:

16 (A) THE AVERAGE AMOUNT NEGOTIATED BY THE EMERGENCY PATIENT'S  
17 HEALTH BENEFIT PLAN WITH PARTICIPATING PROVIDERS FOR TRANSPORTING  
18 THE PATIENT EXCLUDING ANY IN-NETWORK COINSURANCE, COPAYMENTS, OR  
19 DEDUCTIBLES.

20 (B) ONE HUNDRED FIFTY PERCENT OF THE AMOUNT THAT WOULD BE  
21 COVERED BY MEDICARE FOR THE EMERGENCY SERVICE, EXCLUDING ANY IN-  
22 NETWORK COINSURANCE, COPAYMENTS, OR DEDUCTIBLES.

23 (6) AS USED IN THIS SECTION AND SECTION 20932B:

24 (A) "HEALTH BENEFIT PLAN" MEANS THAT TERM AS DEFINED IN  
25 SECTION 21501.

26 (B) "PARTICIPATING PROVIDER" MEANS THAT TERM AS DEFINED IN  
27 SECTION 21501.

1 (C) "PATIENT'S REPRESENTATIVE" MEANS THAT TERM AS DEFINED IN  
2 SECTION 21501.

3 (D) "THIRD PARTY ADMINISTRATOR" MEANS THAT TERM AS DEFINED IN  
4 SECTION 2 OF THE THIRD PARTY ADMINISTRATOR ACT, 1984 PA 218, MCL  
5 550.902.

6 SEC. 20932B. IF A PATIENT AT A HOSPITAL REQUESTS  
7 TRANSPORTATION FROM AN AIRCRAFT TRANSPORT OPERATION THAT IS A  
8 PARTICIPATING PROVIDER WITH THE PATIENT'S HEALTH BENEFIT PLAN, AN  
9 AIRCRAFT TRANSPORT VEHICLE THAT IS OPERATED BY THE AIRCRAFT  
10 TRANSPORT OPERATION SHALL HAVE THE RIGHT TO LAND AT THE DESTINATION  
11 HOSPITAL FOR THE PURPOSE OF TRANSPORTING THE PATIENT, REGARDLESS OF  
12 WHETHER THE AIRCRAFT TRANSPORT OPERATION IS A CONTRACTED PROVIDER  
13 WITH THE ORIGINATING HOSPITAL OR THE DESTINATION HOSPITAL.

14 SEC. 21542. (1) IF A HOSPITAL HAS THE INFRASTRUCTURE NECESSARY  
15 TO ALLOW AN AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A  
16 ROTARY AIRCRAFT TO LAND AT THE HOSPITAL, THE HOSPITAL SHALL GRANT  
17 THE RIGHT TO LAND AT THE HOSPITAL TO AN AIRCRAFT TRANSPORT VEHICLE  
18 OR AMBULANCE THAT IS A ROTARY AIRCRAFT, THAT IS A PARTICIPATING  
19 PROVIDER WITH A PATIENT'S HEALTH BENEFIT PLAN. IF A HOSPITAL DENIES  
20 AN AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY  
21 AIRCRAFT THE RIGHT TO LAND AT THE HOSPITAL, THE HOSPITAL SHALL,  
22 WITHIN 10 DAYS AFTER THE DENIAL, PROVIDE TO THE PERSON DESIGNATED  
23 IN THE PATIENT'S HEALTH BENEFIT PLAN WRITTEN DOCUMENTATION  
24 EXPLAINING THE REASON FOR THE DENIAL. A HOSPITAL SHALL NOT DENY AN  
25 AIRCRAFT TRANSPORT VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT  
26 THE RIGHT TO LAND AT THE HOSPITAL FOR THE PURPOSE OF ALLOWING AN  
27 AIRCRAFT TRANSPORT VEHICLE THAT IS A CONTRACTED PROVIDER WITH THE



1 HOSPITAL OR AMBULANCE THAT IS A ROTARY AIRCRAFT THAT IS A  
2 CONTRACTED PROVIDER WITH THE HOSPITAL TO REMAIN ON STANDBY.

3 (2) IN ADDITION TO THE SANCTIONS SET FORTH IN SECTION 20165, A  
4 HOSPITAL THAT VIOLATES THIS SECTION IS LIABLE TO THE AIRCRAFT  
5 TRANSPORT OPERATION OR AMBULANCE OPERATION FOR THE COST OF  
6 TRANSPORTING THE PATIENT BY THAT OPERATION'S AIRCRAFT TRANSPORT  
7 VEHICLE OR AMBULANCE THAT IS A ROTARY AIRCRAFT TO THE EXTENT THAT  
8 THE COST EXCEEDS THE AMOUNT COVERED BY THE PATIENT'S HEALTH BENEFIT  
9 PLAN.

10 Enacting section 1. This amendatory act takes effect 90 days  
11 after the date it is enacted into law.

12 Enacting section 2. This amendatory act does not take effect  
13 unless all of the following bills of the 99th Legislature are  
14 enacted into law:

15 (a) House Bill No. 5217.

16 (b) House Bill No. 5218.